2016 · 07 · 08 · 08 · 000000278

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee



2016 JUL -8 PM 2: 39

Rev. 12/2004

1.	NAME OF COMMITTEE (in full)			TYPE OR PRINT ▼			cample: If typer er the lines.	oing, type	12FE4M5				
Pá	atriots	for a Great A	hmer ا	ica	1 1 1 1 1	1 1 1	i _		!	1 1 1 1	.1.4		
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ADE	ORESS (number and street)	89	20 E	Bridgeport A	vę.	1		1 1 1 1				
▼	Che tha rep	eck if different n previously orted. (ACC)	Sa	int L	ouis	1 1 1			[MO] [631,44		4 - 1722		
2.	FEC ID	ENTIFICATION N	IUMBE	R▼		CITY ▲		STATE ▲			ZIP CODE ▲		
	C	Ç00619635	- · · · · · · · · · · · · · · · · · · ·			3. IS THIS REPOR	UV.:	NEW (N) OR	11 11	MENDED A)			
4.		TYPE OF REPORT (Choose One)			nthly Doort C	Feb 20 (M Mar 20 (M		May 20 (M5)		g 20 (M8) p 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)	
	(a) Qu	i			Apr 20 (M	<u></u>	Jul 20 (M7)		t 20 (M10)		(Non-Election Year Only) Jan 31 (YE)		
		April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q	(Q1)	(c)	12-Day		Primary (1:		Genera			Runoff (12R)	
	X		(Q2)	(-,	PRE-Election	(Fig.	Convention		 		(1214)		
			(Q3)		Report for t		Convention	1 (12C)	Special	(120)			
		January 31 Year-End Report ((YE)			Election on	[MM-]	/ 0 - 0 /	*****		in the State o	r []	
		July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion	(d)	30-Day	والسيان	General (3	0G)	Runoff	(30R)		Special (30S)	
		Termination Report (TER)	nt		Report for t	ne: Election on	MW-	/ [0-0] /	~ · ~ ~ ~ ~		in the State o	f	
5. Covering Period 04 01 2016 through 06 2016													
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.													
Тур	e or Prir	t Name of Treasur	rer <u>V</u>	<u>asiliy</u>	Nosov								
Sig	nature of	Treasurer	_\	as	iliy	. N.	250/	<u> </u>	Date 0	7 0	5	2016	
NO		nission of false, erro	neous,	or inc	complete infor	mation may	subject the p	erson signing t	his Report to	the penaltic	es of 52	U.S.C. § 30109.	
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